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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 12/29/05 FILE NUMBER: KCC 4975 (K-C 19,019)
PTO FACSIMILE NUMBER: (571) 273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop Amendment
THIS FACSIMILE IS BEING SENT BY: Richard L. Bridge
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CERTIFICATION OF FACSIMILE TRANSMISSION

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Signature DateType of paper transmitted: Amendment AApplicant's Name: David L. Zenker et al.Serial No.: 10/620,227 Examiner: M. MatzekFiling Date: 07/10/03 Art Unit: 1771 Confirmation No.: 8513Application Title: SCRIM REINFORCED ABSORBENT ARTICLE WITH
REDUCED STIFFNESSIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/620,227
 Filing Date July 28, 2003
 Inventor(s) David L. Zenker et al.
 Examiner Name Matthew D. Matzek
 Attorney Docket Number KCC 4975 (K-C 19,019)

Art Unit 1771
 Confirmation No. 8513

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☐ Applicant claims small entity status.

METHOD OF PAYMENT

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FEE CALCULATION


1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
 (Type: _____) Subtotal (1) \$ _____
2. ☒ EXCESS CLAIM FEES

Total Claims	-	_____	(HP) =	0	x Fee	=	\$ 0.00
Indep Claims	-	3	(HP) =	4	x Fee	=	\$ 800.00
Multiple Dependent Claims Fee							\$ _____
<small>(HP = highest number of claims paid for)</small>							
Subtotal (2)							\$ 800.00
3. ☐ APPLICATION SIZE FEE

Total Pages	-	100	=	NaN	+ 50	=	0	x \$250	=	\$ 0.00
<small>(Application + Drawings)</small>										
Subtotal (3)										\$ 0.00
4. ☒ OTHER FEE(S)

<input checked="" type="checkbox"/>	Oral (1) month extension of time
<input type="checkbox"/>	Information disclosure statement
<input type="checkbox"/>	37 CFR 1.17(q) processing fee
<input type="checkbox"/>	Non-English specification
<input type="checkbox"/>	Notice of Appeal
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Subtotal (4) \$ 120.00	

TOTAL AMOUNT OF PAYMENT \$ 920.00


 Richard L. Bridge
 Reg. No. 40,529

12/29/05

Date

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RLB/mlt